



Health Coaching: Empowering Behavior Change

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DISCLOSURE

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None

Off Label Usage

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None

Learning Objectives

- List **behavior change approaches** that have proven to be effective in empowering individuals to take an active role in initiating and maintaining meaningful health behavior change.
- Compare and contrast a traditional education and advice-giving approach to a collaborative, **self-management approach**.
- Describe **Elicit-Provide-Elicit** and **Empathic Redirection** as useful communication strategies when discussing health behavior change.
- Explain why self-management **action plans** are a helpful way to facilitate communication and motivation toward health behavior change.
- Discuss how “**health coaching**” (a.k.a empowering behavior change) is slowly changing the healthcare delivery model from its traditional roots to the more consumer oriented model.
- Describe how these strategies are successfully **applied in a clinical setting**.

Health Behavior Communication

- Listen to this!
- Small groups. Expert communicates about exercise or flossing.

Primary Health Behavior Change Models/Approaches

- Self-Management Education
- Action Planning
- Goal Setting Theory
- Motivational Interviewing
- Relapse Prevention

What is Self-Management?

- An individual's ability to manage symptoms, treatment, physical and social consequences and lifestyle changes inherent in living with a chronic condition
- Day-to-day tasks one must undertake to control or reduce the impact of disease

Barlow et al: Patient Education and Counseling 48:177, 2002

Bodenheimer et al: JAMA 288:2469, 2002

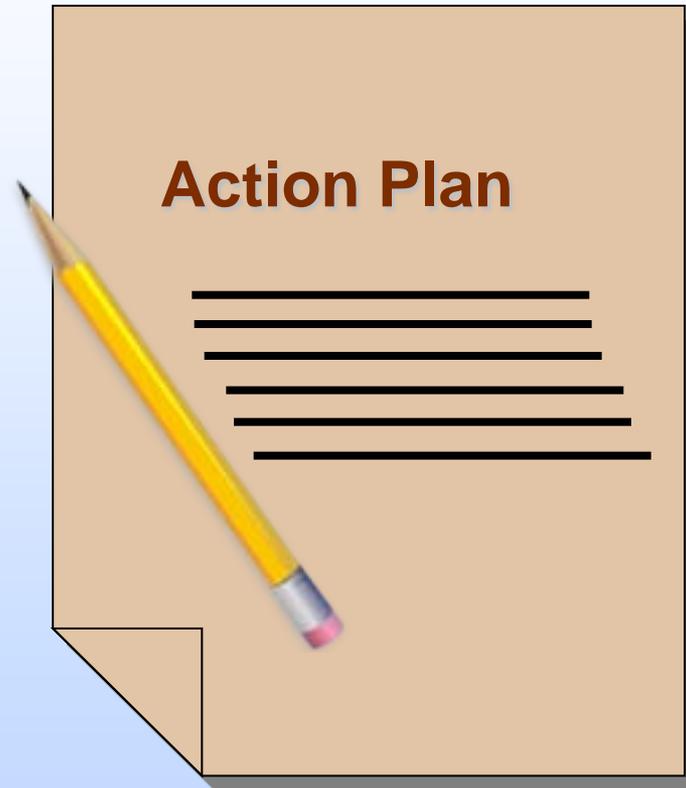
Traditional and Self-Management Education

	Traditional Education	Self-Management Education
Motivation targeted?	External	Internal – patient understanding and confidence
How are problems solved?	By professional	Professionals assist in problem-solving
What is taught?	Information and technical skills	Skills and how to act on problems
Theory underlying education?	Disease-specific knowledge creates behavior change = better outcomes	Greater confidence in ability to make changes (self-efficacy) = better clinical outcomes
What is the goal?	Compliance with behavior taught	Increased self-efficacy

Adapted from Bodenheimer, Lorig, et al. 2002



Collaborative Goal Setting: Development of a Personalized Action Plan



What is an Action Plan in Self-Management Education?

- Central feature of self-management education
- Goals: Specific, realistic, set with confidence
- Patient-centered and patient-generated
- Short term: One to two weeks
 - *“On a scale of 0 to 10, how confident are you that you can achieve your goal?”*

Are Action Plans Effective?

- For example, Cochrane review of asthma management studies
- “Studies with self-management action plans had a greater tendency to improve outcomes than those without action plans”

Bodenheimer, Lorig, et al. 2002

Self-Management Action Plan

- 1. “What is a first step you are willing to take over the next few days?”**
 - a. Concrete
 - b. Patient-centered
 - c. Very specific
 - d. Short-term
- 2. “How confident are you on a 1 to 10 scale that you will be able to carry out this goal?”**
 - a. Must be ≥ 7 or
 - b. Review barriers (develop solutions) or
 - c. Revise goal
- 3. “Let’s arrange a way to check on how you are doing”**

Self Management Action Plan



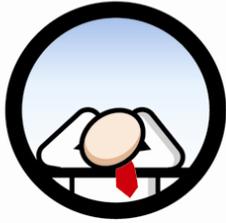
Coping with Fear and Other Emotions



Quitting Smoking



Breathing More Effectively



Managing Fatigue



Coping with Stress



Taking my Medications



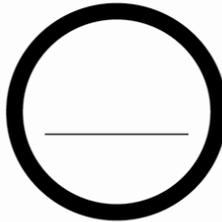
Increasing Physical Activity



Relaxation and Positive Thinking



Relationships and Communication



Other

My specific goal for this week is (e.g., walk 4 times):

How confident am I that I can reach this goal: *circle one*

Not at all	A little	Somewhat confident	Very sure	Totally confident						
0	1	2	3	4	5	6	7	8	9	10

Follow-up plan (how and when):

Controversy: Self-efficacy change vs. behavior change

Bodenheimer T, Handley MA. (2009). Goal-setting for behavior change in primary care: an exploration and status report. *Patient Educ Couns.* 76:174-80.

When Providing Information or Options

- Elicit
 - *What do you already know about...?*
 - *May I share a little with you about...?*
- Provide
 - *Provide information, feedback, options in nonjudgemental manner*
- Elicit
 - *What are your thoughts on that?*
 - *How might that apply to you?*

Action Planning Uses Goal Setting Theory and Strategies

- More than 30 years of goal-setting science (Locke and Latham)
- S.M.A.R.T.
- Intensity matters (not too hard, not too easy)
- Frequency matters
- Concurrent behavior change goals as or more effective than sequential goals
- Specific action steps vs. vague goal

Action Planning is a Process

- Barriers will emerge
- Ongoing problem-solving necessary
- Emphasize
 - personally relevant
 - matches motivation and resources

Motivational Interviewing

“a directive, client-centered counseling style for eliciting behavior change by helping clients explore and resolve ambivalence”

Miller & Rollnick, 1991; 2002.

Motivational Interviewing

Key Principles

- R—Resist the righting reflex (resist fixing)
- U—Understand patient's motivation (ambivalence)
- L—Listen to your patient (reflect)
- E—Empower your patient (engage)

Rollnick (2008)

Foundational MI skills: OARS

- Open-ended questions
- Affirmations
- Reflective listening
- Summarizing

Practice with Affirmations

- Describe something you recently accomplished:
 - Home project, new recipe, work issue
- Authentic observations about the person
- You are the kind of person who can...
- Attribute interesting qualities to the person
- Attend to non-problem areas
- Avoid using “I”
- Focus on behaviors vs. attitudes, goals

Practice with Reflection

- Double-sided reflection
- Feel two ways about something
- Follow with key question:
 - *Where does that leave you now?*

Change Talk

- Desire to change
- Ability to change (optimism, I can do it)
- Reasons for change (benefits of change)
- Needs (problems with the status quo)

Commitment statements and taking steps

- I am going to...
- I will...
- I plan to...
- I intent to...
- I have already started to...

Eliciting Change Talk

- Ask the patient how they feel about change
- Ask for elaboration—fan the flame when they are talking about change
- Look back—Is there a time that this was working? What has changed?
- Look forward—What are your hopes for the future with this?
- Explore goals—What do you want to accomplish with this?

Change talk exercise

- Train your ear to hear change talk

Ready for change?

Assess readiness (importance and confidence):

- Scaling questions can be used:
 - “On a scale of 0 to 10, how **important** is it to you take your medication every day, if 0 is not at all and 10 is very important?”
 - “How **confident** are you that you could test your blood sugar two times per day, if 0 is not at all confident and 10 is very confident?”
 - Why did you say a **3** and not a **0**?

Motivational Interviewing and Self-Management Education Emphasize...

SELF-CONFIDENCE

I have the skills

I CAN DO IT!

Self-Efficacy

Table 5. Social Cognitive Theory

<i>Concept</i>	<i>Definition</i>	<i>Potential Change Strategies</i>
Reciprocal determinism	The dynamic interaction of the person, behavior, and the environment in which the behavior is performed	Consider multiple ways to promote behavior change, including making adjustments to the environment or influencing personal attitudes
Behavioral capability	Knowledge and skill to perform a given behavior	Promote mastery learning through skills training
Expectations	Anticipated outcomes of a behavior	Model positive outcomes of healthful behavior
Self-efficacy	Confidence in one's ability to take action and overcome barriers	Approach behavior change in small steps to ensure success; be specific about the desired change
Observational learning (modeling)	Behavioral acquisition that occurs by watching the actions and outcomes of others' behavior	Offer credible role models who perform the targeted behavior
Reinforcements	Responses to a person's behavior that increase or decrease the likelihood of reoccurrence	Promote self-initiated rewards and incentives

Motivational Interviewing and Self-Management Education Emphasize Relationship Skills

Importance of Relationship

A positive and collaborative relationship can elicit change

- **Positive clinician/patient relationship**
 - Increased patient **satisfaction**
 - Increased patient **trust** in clinician
 - Increased **understanding and adherence**
 - Decreased litigation for **malpractice**
 - Improved patient **health status**

Relationship Behaviors that Positively Impact Outcomes

- Expressing empathy
- Statements of reassurance and support
- Friendliness and courtesy
- Person-centered questions
- Expressions of positive reinforcement
- Validating emotions
- Sharing objective information
- Listening
- Summarizing

R. Beck et al. (2002) J Am Board Fam Pract; 15, 25-38

Relationship Behaviors that Negatively Impact Outcomes

- Demonstrating irritation, anger, or nervousness
- Frequent interrupting
- Information collection without feedback
- Antagonistic behavior
- Exerting dominance
- Medical jargon, biomedical questioning style
- Body orientation away

What is a health coach's role in a helping relationship?



Important Distinctions Between Coaching And Other Disciplines

<i>Therapy</i>	<i>Mentoring</i>	<i>Consulting</i>	<i>Coaching</i>
Deals mostly with a person's past and trauma, and seeks healing	Deals mostly with succession training and seeks to help someone do what you do	Deals mostly with problems and seeks to provide information (<i>expertise, strategy, structures, methodologies</i>) to solve them	Deals mostly with a person's present and seeks to guide them into a more desirable future
Doctor-patient relationship (<i>Therapist has the answers</i>)	"Older/Wiser" - Younger/ Less Experienced relationship (<i>Mentor has the answers</i>)	Expert-Person With Problem Relationship (<i>Consultant has the answers</i>)	Co-creative equal partnership (<i>Coach helps client discover their own answers</i>)
Assumes emotions are a symptom of something wrong	Is limited to emotional response of the mentoring parameters (<i>succession, etc.</i>)	Does not normally address or deal with emotions (<i>informational only</i>)	Assumes emotions are natural and normalizes them
The Therapist diagnoses, then provides professional expertise and guidelines to give you a path to healing.	The Mentor allows you to observe his/her behavior, offers expertise, answers questions, provides guidance and wisdom for the stated purpose of the mentoring.	The Consultant stands back, evaluates a situation, then tells you the problem and how to fix it.	The Coach stands with you, and helps YOU identify the challenges, then works with you to turn challenges into victories and holds you accountable to reach your desired goals.

Williams, Coaching Evolution and Revolution. WELCOA 2004.



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A woman with glasses is smiling while talking on a mobile phone. She is wearing a green sweater. The background is a bright, slightly blurred indoor setting.

“The coach elicits ways that the person can change behaviors. A coach does not TELL the person, but helps them arrive at a strategy for change.”

Williams, Coaching Evolution and Revolution. WELCOA 2004.

Listening, reflecting...now she's on a rant about her ex-husband and I'm 30 minutes behind!

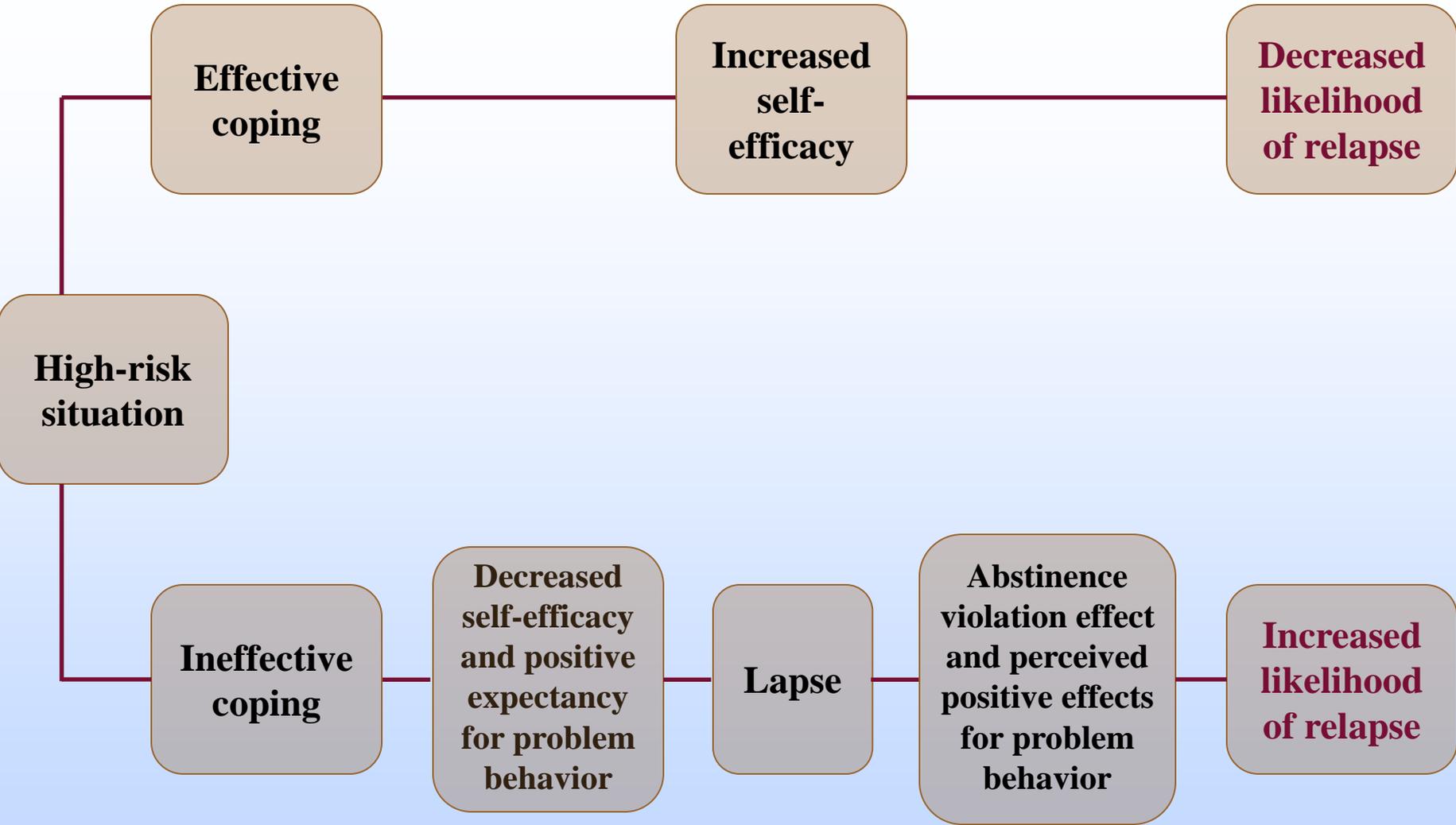
- **Empathic Redirection**

- Grounded in empathy
- Validate emotion
- Decrease rumination
- Redirect to areas where change is possible
- Redirect to person's values and strengths

Practice Empathic Redirection

But Change is Not Easy, and Lapses are Part of the Process

- Relapse Prevention Model
- Model proposed by Marlatt & Gordon (1985)
- Based on relapse in alcoholics
- The factors associated with relapse are identified and modified



High-Risk Situations

- **Negative affect** (e.g., depressed, frustrated, bored, angry)
 - 66% reported negative affect pre-lapse
 - 48% reported stress pre-lapse (Shiffman et al., 1997)
- **Social environment** (e.g., tobacco users at work)
- **Positive emotions** (e.g., reward)
- **Testing of personal control**

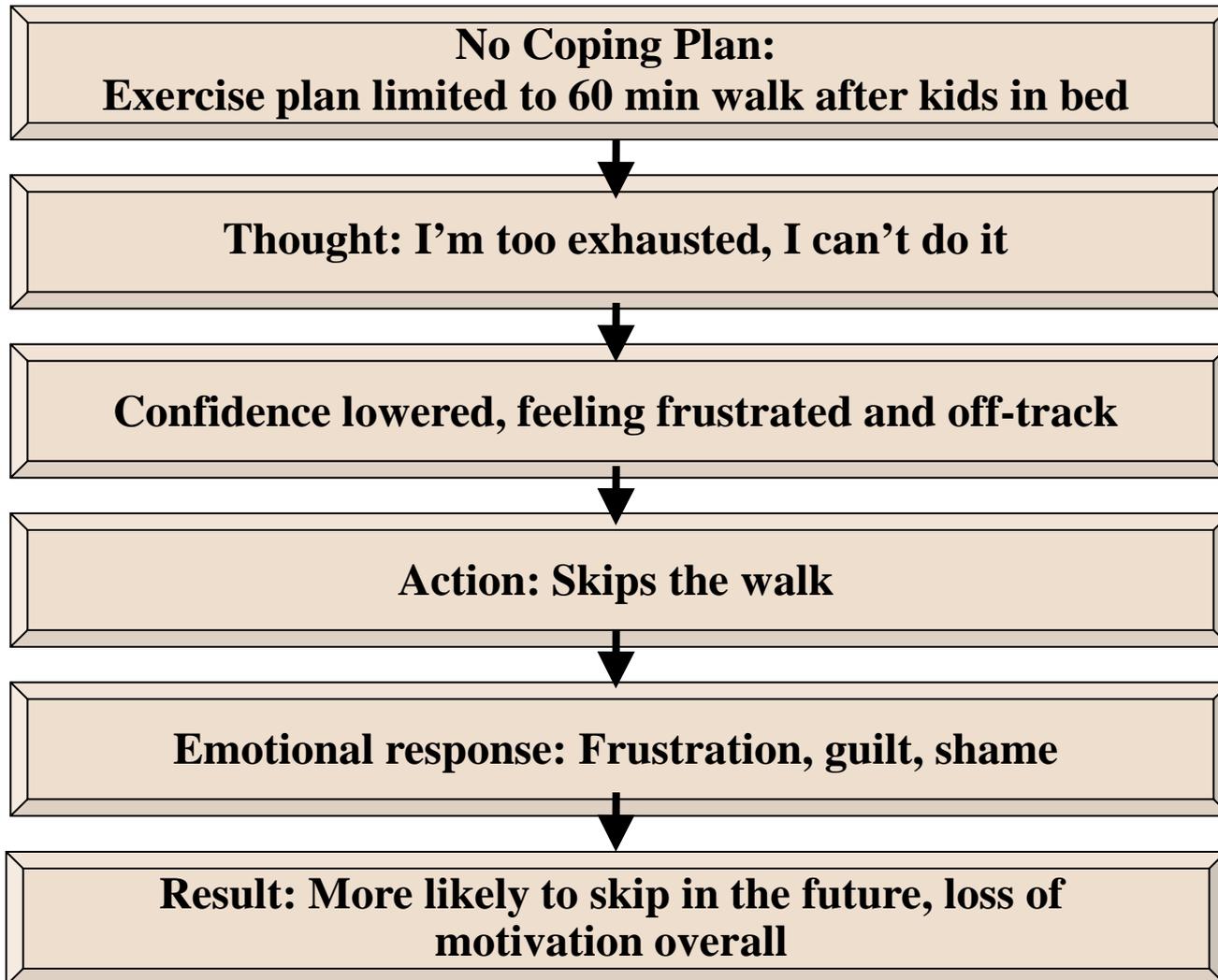
Coping

- Response to high-risk situation important
- *Effective* coping leads to increased self-efficacy
- *Noneffective* coping leads to decreased self-efficacy

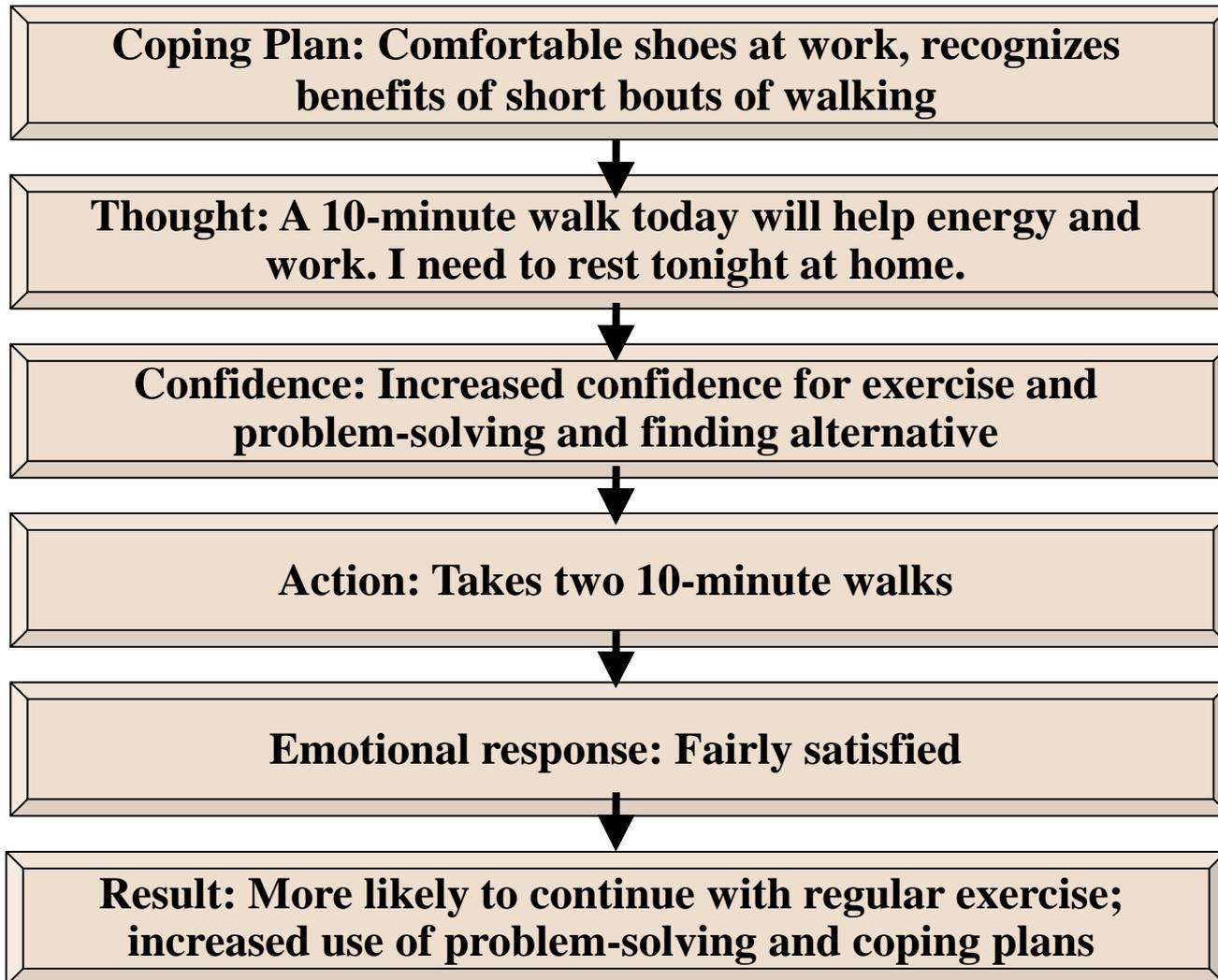
Abstinence Violation Effect

- Reaction to lapse
- Attribution of lapse (internal or external)
- Influences whether lapse leads to relapse

High Risk Situation: New Work Deadline on Top of Already Busy Schedule



High Risk Situation: New Work Deadline on Top of Already Busy Schedule



Shared Constructs Across Theoretical Models

- Self-efficacy
- Collaborative relationship
- Member has expertise about personal values, preferences, motivations, barriers, and solutions

Health Coaching in Healthcare

- Action plan project
- Caremanagers
- Intergrated models
- Support for behavior change across the continuum of care

Personal Reflections on Coaching

- Engagement
- Personalized
- Time and space to think, problem-solve and plan
- Rushing to goals or information push: negative impact
- Energized and curious
- Different path each time
- Desire for follow-up

What can I do during a quick office visit?

- Listen and respond to change talk
- Elicit Provide Elicit when giving information
- Collaborate in creating an action plan
- Have patient rate confidence for next step
- Arrange follow-up when possible
- Connect desire for change and steps to change back to the person—values and strengths
- Recognize ambivalence and lapses are normal
- Reinforce all progress!

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Behavior Change Theory Resource

NCI Theory At A Glance:
A Guide for Health Promotion Practice (2nd Edition;
2005)

<http://www.nci.nih.gov/PDF/481f5d53-63df-41bc-bfaf-5aa48ee1da4d/TAAG3.pdf>